

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens for Tom Petri

A. Full Name (Last, First, Middle Initial) Robert Chamberlain		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address W2728 Oakwood Beach Rd		Transaction ID: 70708.C37895
City Markesan State WI Zip Code 53946-8904	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Information Requested	Election Cycle-to-Date ▼ 200.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Robert Chamberlain		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address W2728 Oakwood Beach Rd		Transaction ID: 70708.C37973
City Markesan State WI Zip Code 53946-8904	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Information Requested	Election Cycle-to-Date ▼ 320.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Robert Cline		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 2302 N 6th Street		Transaction ID: 70708.C37877
City Sheboygan State WI Zip Code 53083	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Aurora Sheboygan Clinic Occupation Oral Surgeon	Election Cycle-to-Date ▼ 200.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)